



**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 ISDS PROGRAM
 SOIL TEST HOLE APPLICATION FORM**



Test Hole (Fill in number of Test Holes Planned)

☐ Dry Season _____ ☐ Soil Evaluation _____ ☐ Ledge _____ ☐ Fill _____ ☐ Alteration _____

☐ Individual Lot ☐ Subdivision-Number of Lots _____ Number of Days Required _____

Site Location (Town) _____ (Address) _____ (Zip Code) _____

Owner's Name (Last) _____ (First) _____ (Middle) _____

Mailing Address (Street) _____ (City/Town) _____ (Zip Code) _____

Plat Number _____
☐ Assessors _____ Lot Number _____ Lot Size _____ Pole Number _____
☐ Recorded _____

Subdivision Name _____ Any Previous ISDS Application Number for this site?
☐ Yes ☐ No
 Application Number _____ Date _____

Subdivision Application Number _____ Subdivision Lot Number _____ Reviewed by State
☐ Yes ☐ No

I have been authorized by the owners to conduct these necessary field investigations and submit this request.

Designer's Name and Registration Number _____ Date _____

Designer's Signature _____ Telephone Number _____

For Office Use Only

YOUR APPOINTMENT IS SET FOR:

DATE _____ TIME _____

DATE _____ TIME _____

THIS OFFICE MAY REQUIRE ADDITIONAL TESTS

**** ATTACH A LOCUS MAP AND CHECK (made out to the Rhode Island General Treasurer) TO THIS FORM AND SUBMIT TO DEM'S OFFICE OF WATER RESOURCES, PERMITTING, 235 PROMENADE STREET, ROOM 260, PROVIDENCE, RI 02908-5767. ALL LOCUS MAPS MUST HAVE THE ENGINEER'S REGISTRATION SEAL AND SIGNATURE.**